

UNRAVELING THE WEB: Mental Health Issues Within the Criminal Justice System

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WHEN & HOW EVALUATIONS ARE CONDUCTED

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Competency Screening Test (CST)

A series of short-answer sentence completions of the form “If I had a chance to speak to the judge, I would say _____” and “If the jury finds me guilty, I _____” designed by a Harvard group of psychologists (Lipsitt, Lelos & McGarry 1971) and exists in long-form (22 sentence stems) and short-form (5 sentences) versions. Each sentence is scored by zero for an incompetent response like “I would just get screwed over again,” a score of 1 for a fairly competent response, and a score 2 for a competent response. Like all assessment instruments, extremely low scores might indicate faking or malingering. This instrument has fairly high interrater reliability and internal consistency, but tends to produce a high rate of false positives.

Evaluation of Competency to Stand Trial – Revised (ECST-R)

The ECST-R was developed via prototypical analysis to correspond with the *Dusky* standard for competency to stand trial. The ECST-R examines two domains (i.e., psychotic and non-psychotic domains) with two detection strategies (i.e., atypical presentation and symptom severity) to screen for feigned incompetency. The ECST-R contains 18 items and three individual scales that assess separate dimensions of competency to stand trial: Factual Understanding of the Courtroom Proceedings, and Consult with Counsel. The ECST-R also includes 28 items and five scales for Atypical Presentation: Realistic, Psychotic, Non-psychotic, Impairment, and Both (Psychotic and Non-psychotic combined).

A key advantage of the ECST-R over other competency measures is its focus on case-specific information that is relevant to the pending case and to the individual's relationship with his or her defense counsel.

Green's Word Memory Test (GCCT)

Dr. Green's Word Memory Test (WMT) and his more recent, 5-minute Medical Symptom Validity Test (MSVT) are computerized verbal memory test with multiple subtest measuring memory. They contain hidden measures which serve to check the validity of the patient's test scores. The primary purpose is to test effort. Patient responses are recorded and compared against normative groups that include patients with severe head injuries or neurological disease.

Halstead-Reitan Neuropsychological Test Battery

A set of test that examines language, attention, motor speed, abstract thinking, memory, and spatial reasoning is often used to produce an overall assessment of brain functions. Some neuropsychologists use some or all of the original set of tests in this battery.

Inventory of Legal Knowledge (ILK)

The ILK contains 61 true-or-false items about the legal process. It is administered orally in about 15 minutes. It can be used anywhere and scored quickly. The test identifies feigning based on two strategies. 1. based on scores that are significantly lower than scores expected by chance. 2. based on scores that are significantly lower than those attained by relevant normative groups.

MacArthur (MacCAT-CA)

The MacCAT-CA is a 22-item structured interview for the pretrial assessment of adjudicative competence. This instrument uses a vignette format and objectively scored questions to standardize the measurement of three competence-related abilities:

- Understanding capacity for factual understanding of the legal system and the adjudication process.
- Reasoning ability to distinguish more relevant from less relevant factual information and ability to reason about the two legal options: pleading guilty or not guilty.
- Appreciation capacity to understand his or her own legal situation and circumstances.

The MacCAT-CA begins with the presentation of a brief vignette describing a hypothetical crime upon which the eight Understanding and the eight Reasoning items are based. The 16 item involve queries about prosecution of the hypothetical defendant. This approach was designed to introduce legal issues in a way that distances the defendant from the specifics of his/her own case. The six Appreciation items query defendants about their attitudes and beliefs concerning the legal process involved in their own case.

Mini-Mental State Examination (MMSE)

The MMSE is a brief, quantitative measure of cognitive status in adults. It can be used to screen for cognitive impairment, to estimate the severity of cognitive impairment at a given point in time, to follow the course of cognitive changes in an individual over time, and to document an individual's response to treatment.

Minnesota Multiphasic Personality Inventory (MMPI)

The MMPI was developed in the 1930s at Minnesota University as a serious and comprehensive personality test that can be used to detect psychiatric problems. It was revised in 1989 as MMPI-2 and a version for adolescents developed (MMPI-A). There is also an abbreviated version (MMPI-3). It has ten clinical scales to indicate different psychiatric conditions, although these are not 'pure' and hence the scales are often referred to by their number, to avoid confusion and argument. Due to its clinical use, there is a lot of concern that people taking it may fake results and hence there are three 'validity' scales to guard against this.

Miller Forensic Assessment of Symptoms Test (M-FAST)

The M-FAST is a brief 25-item screening interview for individuals ages 18 years and older that provides preliminary information regarding the probability that he/she is feigning psychiatric illness. Most malingering and symptom validity instruments assess malingered cognitive and/or neuropsychological deficits. The M-FAST also facilitates rapid identification of individuals who require additional assessment. When the M-FAST results indicate a probability of feigning, a more comprehensive assessment instrument can be administered to obtain more detailed and definitive information. The M-FAST Total score provides an estimate of the likelihood that the respondent is malingering psychopathology. M-FAST scale scores provide information about the nature of the individual's response styles that can help to explain *how* he/she is attempting to malingering mental illness.

Millon Clinical Multiaxial Inventory (MCMI)

The Millon Clinical Multiaxial Inventory (MCMI) is a 175-item true-false inventory which appears to answer the question: "What type of chronic psychopathology does the respondent have?" The results produce 20 scores: 8 basic personality styles (schizoid, avoidant, dependent, histrionic, narcissistic, antisocial, compulsive, passive-aggressive), 3 pathological personality syndromes (schizotypal, borderline, paranoid), 6 symptom disorder scales of moderate severity (anxiety, somatoform, hypomanic, dysthymia, alcohol abuse, drug abuse), 3 symptom disorder scales of extreme severity (psychotic thinking, psychotic depression, psychotic delusions), plus 2 additional correction scales which provide a means to identify and adjust possible test-taking distortion.

Modified Competency Assessment Instrument (MCAI)

A structured interview guide consisting of thirteen categories designed to cover all possible grounds for a finding of incompetency. Sample questions are provided for each topic area and a 1-5 scoring scheme is suggested. However, the

administration is not standardized, scores are not totaled, and there are no norms. The CAI remains a viable assessment device because of its flexibility, broad coverage, and coverage of content areas that are obviously and intuitively relevant to competence to stand trial.

Rey's 15-Item Memory Test

The subject is presented with five rows of three items. Row one contains the numbers 1, 2, and 3; row two contains the roman numerals I, II, III; Row three contains a square, triangle and a circle; row four contains the letters A, B, and C; row five contains the lowercase letters a, b and c. The strategy is to present the subject with a task that is easy but appears difficult. The malingering subject will be presumably duped by this and perform worse than even severely brain-injured subjects.

Stanford-Binet-Revised

The Stanford-Binet Intelligence Scale is considered to be one of the best and most widely used intelligence test available. The Stanford-Binet Intelligence Scale is comprised of four cognitive area scores which together determine the composite score and factor scores. These area scores include: Verbal Reasoning, Abstract/Visual Reasoning, Quantitative Reasoning, and Short-Term Memory. The numbers of correct responses on the give subtest are converted to a SAS score or Standard Age Score which is based on the chronological age of the test subject. This score is similar to an I.Q. score.

Stroop Test

The Stroop Test provides insight into cognitive effects that are experienced as a result of attentional fatigue. A paper version of the task involves showing words that are the names of colors, although the actual words are printed in a color of ink different from the color name they represent. You are asked to respond with the color you see, and inhibit (disregard) the word you read.

Structured Inventory of Malingered Symptomatology (SIMS)

The SIMS is a 75-item, true-or false screening instrument that assesses both malingered psychopathology and neuropsychological symptoms. Provides five scale domains – psychosis, low intelligence, neurologic impairment, affective disorders and amnesic disorders – as well as an overall score for probable malingering.

Structured Interview of Reported Symptoms (SIRS)

The SIRS consists of eight primary and five supplementary scales for the assessment of feigning, including a scale to assess defensiveness; the content of each scale varies so that endorsement of times on a particular scale does not reflect and specific mental disorder. The 16-page Interview Booklet contains 172 items, 32 of which are Repeated Inquiries to detect inconsistency of responding. The content covers a wide range of psychopathology, as well as symptoms that are unlikely to be true. The SIRS is designed to detect 13 response styles

commonly associated with feigning, and allows for classification as feigning (definite or probable) or honest, as well as identification of inconsistent and other problematic response styles that have implications for therapeutic dynamics and other treatment considerations.

Test of Memory Malinger (TOMM)

The TOMM instrument is designed to provide a reliable, economical first step as part of a full psychological battery to help assess whether an individual is falsifying symptoms of memory impairment. The presentation of 50 pictures provides the TOMM instrument with good face validity as a test of learning and memory, decreasing its transparency as an assessment of malingering. Explicit feedback to patients on response correctness after each item had been shown to widen the gap between the scores of memory-impaired patients and malingerers. Non-malingering patients may seek to increase their response accuracy, while malingerers may adjust their performance to respond more poorly on subsequent trials.

Test of Nonverbal Intelligence (TONI-III)

The TONI 3 is a norm-referenced measure of intelligence, aptitude, abstract reasoning, and problem solving that is completely free of the use of language. The test requires no reading, writing, speaking, or listening on the part of the test subject. It is completely nonverbal and largely motor-free, requiring only a point, nod, or symbolic gesture to indicate response choices. It is particularly well suited for individuals who are known or believed to have disorders of communication or thinking. The format also accommodates the needs of subjects who do not read or write English well, due to disability or lack of exposure to the English language and U.S. culture.

Wechsler Adult Intelligence Scales (WAIS)

The WAIS-R is an individual test of intelligence. A person taking the test receives a full-scale IQ score, a verbal IQ score, a performance IQ score, as well as scaled scores on each of the subtest. The design of the test, with the two scales, means that the verbal & performance scales can be used alone. The Performance section alone can be used with examinees that are unable to properly comprehend or manage language, or the Verbal scale alone can be used with examinees that are visually or motor impaired. There is little emphasis on speed in this test with only some subscales having time limits and some subscales having bonuses for speed.